

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORKnan terrie

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

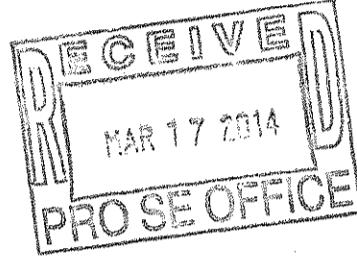
City of New York  
DA Brandon E Court  
policy Office at 111 Centre  
St NYC

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

## COMPLAINT

Jury Trial:  Yes  No

(check one)

Moving Case # 122466  
from claim of court  
to federal court

## I. Parties in this complaint:

A. List your name, address and telephone number. If you are presently in custody, include your identification number and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name nan terrie  
 Street Address 2759 Websters Av #269  
 County, City Bronx NYC 10458  
 State & Zip Code 10458  
 Telephone Number (413) 489-1993

B. List all defendants. You should state the full name of the defendant, even if that defendant is a government agency, an organization, a corporation, or an individual. Include the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1

Name

Police Officer @ 111 Centre St OfficeStreet Address 111 Centre St NYCDA Brandon E CourtSupervisor

Rev. 05/2010

County, City NY  
 State & Zip Code NY  
 Telephone Number \_\_\_\_\_

Defendant No. 2  
 Name City of New York Attorney John Hunter  
 Street Address 120 Broadway  
 County, City NY, NY 10271  
 State & Zip Code 10271  
 Telephone Number 212 4116 8502

Defendant No. 3  
 Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 County, City \_\_\_\_\_  
 State & Zip Code \_\_\_\_\_  
 Telephone Number \_\_\_\_\_

Defendant No. 4  
 Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 County, City \_\_\_\_\_  
 State & Zip Code \_\_\_\_\_  
 Telephone Number \_\_\_\_\_

**II. Basis for Jurisdiction:**

Federal courts are courts of limited jurisdiction. Only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case involving the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one state sues a citizen of another state and the amount in damages is more than \$75,000 is a diversity of citizenship case.

A. What is the basis for federal court jurisdiction? (check all that apply)

Federal Questions       Diversity of Citizenship

B. If the basis for jurisdiction is Federal Question, what federal Constitutional, statutory or treaty right

is at issue? Constitutional, Aboriginal Treaties, Ancestral Land, Religious Rights, Disabilities, Assault and Battery & So Forth

C. If the basis for jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party?

Plaintiff(s) state(s) of citizenship \_\_\_\_\_

Defendant(s) state(s) of citizenship \_\_\_\_\_

**III. Statement of Claim:**

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events.

*Rev. 05/2010*

You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. Where did the events giving rise to your claim(s) occur? 111 Centre street  
nyc, housing Court Lobby in Manhattan

B. What date and approximate time did the events giving rise to your claim(s) occur? January 17, 2013

C. Facts: I Was Assault, Humility, Violate, By  
housing Court polcy, Officer IDA Brando  
on January 17, 2013 Between 10A - 11:45A

What  
happened  
to you?

Who did  
what?

Was anyone  
else  
involved?

Who else  
saw what  
happened?

IV. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. Psychological Suffering

Pains, Headaches & Bruise's; My primary doctor  
prescribe Me Migraine headaches &  
a cream for my Bruise

V. Relief:

State what you want the Court to do for you and the amount of monetary compensation, if any, you are seeking, and the basis for such compensation. *i just finish housing Court*

*Judge Soto i respect her. But i demand \$50 millions  
follore for what i went through & that a  
Brando refused to admitted wrong to my lawyer  
under oath twice:*

*there's evidences audio/video for this case  
trial that took place today March 17, 2014  
at 10 AM i will like and asking the Court  
to grant me permission to submit the evidences  
as an exhibit into this case.*

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 17 day of March, 2014.

Signature of Plaintiff

Mailing Address

*Materne*  
*Not for public release*  
*2759 Webster's Ave L69*

Telephone Number

*(413) 489-1993*

Fax Number (if you have one)

**Note:** All plaintiffs named in the caption of the complaint must date and sign the complaint. Prisoners must also provide their inmate numbers, present place of confinement, and address.

**For Prisoners:**

I declare under penalty of perjury that on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff: \_\_\_\_\_

Inmate Number: \_\_\_\_\_

STATE OF NEW YORK : COUNTY OF New York  
 CITY OF NY : CITY COURT  
 IN THE MATTER OF:

## PLAINTIFF/PETITIONER

Nanterre  
 vs.

City of New York

DOCKET NUMBER: 122466

( ) CIVIL SUBPOENA  
 ( ) CRIMINAL SUBPOENA  
 (  ) SUBPOENA DUCES TECUM

## DEFENDANT/RESPONDENT

TO: Housing Court 111 Centre St NYC  
Attention: Berry Clark at 100 Centre Room 1000  
(646) 386 3000

YOU ARE HEREBY COMMANDED THAT, ALL BUSINESS AND EXCUSES BEING LAID ASIDE,

26 Broadway ( ) TO APPEAR BEFORE THE CITY COURT JUDGE OF THE CITY OF New York LOCATED AT  
 ON March 17, 2014 AT 9:30 AM TO TESTIFY AND  
 GIVE EVIDENCE IN THE ACTION OR PROCEEDING THERE PENDING AND BRING WITH YOU AND PRODUCE AT THE TIME AND  
 PLACE AFORESAID, THE FOLLOWING:

Nanterre am requesting for the video record at 111 Centre St NYC  
Housing Court for Jan 17, 2013 between 9A-11AM, also I nanterre am  
requesting video record for 12/31/2013 at 111 Centre St NYC between 9:30A-10A  
for the same policy enforcement. Brandon JDO shuffle a client who was at the courthouse  
 (x) SUBPOENA DUCES TECUM: TO PRODUCE AT THE Claim Court CITY COURT LOCATED AT  
10 AM ON OR BEFORE March 1, 2014 AT  
 THE FOLLOWING RECORDS; NO PERSONAL APPEARANCE NECESSARY:  
I will like to have 3 Copies for those 2 dates;  
1 Copy send to Judge Soto Chamber office for evidence for trial,  
1 copy send State Attorney John M. Hunter Assistant Attorney at  
20 Broadway, NYC 10271 and My Mailing Address Nanterre 2759 website  
16 669 Bronx NYC 10473, Judge Soto 26 Broadway 10th floor

FAILURE TO COMPLY WITH THIS SUBPOENA SHALL DEEM YOU GUILTY OF CONTEMPT OF COURT.

DATED:

CLERK OF THE COURT

CITY COURT JUDGE



STATE OF NEW YORK  
OFFICE OF THE ATTORNEY GENERAL

ERIC T. SCHNEIDERMAN  
ATTORNEY GENERAL

DIVISION OF STATE COUNSEL  
CLAIMS BUREAU

Tel. No. (212) 416-8500  
Room No. 12-A-62

August 19, 2013

Re: Nan Terrie v. State  
Claim No. 122466

Nan Terrie  
2759 Webster Avenue, Apt L69  
Bronx, NY 10458

Dear Mr. Terrie :

Enclosed herewith for service upon you, pursuant to Section 130-1.1a of the Rules of the Chief Administrator (22NYCRR), is a copy of the defendant's Response to Combined Demand ( Respond's ) in the above-entitled matter.

Very truly yours,

JASMIN ANDUJAR  
Law Dept. Document Specialist  
Trainee 1  
Claims - NYC

Enclosures  
cc: John M. Hunter, AAG



**Court of Claims  
State of New York**

ROBERT ABRAMS BUILDING  
FOR LAW AND JUSTICE  
BOX 7344, CAPITOL STATION  
ALBANY, NEW YORK 12224

(518) 432-3411

**Richard E. Sise**  
Presiding Judge

Nan Terrie, Pro Se  
2759 Webster Ave #L69  
Bronx, NY 10458

March 22, 2013

**Robert T. DeCataldo**  
Chief Clerk

Dear Sir/Madam:

This will acknowledge receipt in this office on March 7, 2013 of the claim of:

**NAN TERRIE v. THE COURT POLICE OFFICER, ETC.**

Said claim has been filed in this office as of March 7, 2013, subject to whatever legal objections may apply thereto and has been given:

**Claim No. 122466**

It is our determination that this claim accrued in New York County. In accordance with the provisions of the Individual Assignment System, this claim has been assigned to:

Hon. Faviola A. Soto  
Phone No. (212) 361-8160

All inquiries regarding this claim shall be made directly to the assigned judge.

Please continue to file all pleadings with the Clerk's office in Albany (Uniform Rules for the Court of Claims §206.5). Filings may be made by personal service, mail or by facsimile transmission pursuant to §206.5-a of the Rules. The Court of Claims' fax filing number is 1-866-413-1069. Visit the Court's website listed below for additional information.

Very truly yours,

Robert T. DeCataldo  
Chief Clerk

RTD/cmb  
cc: Office of the Attorney General

[www.nyscourtofclaims.state.ny.us](http://www.nyscourtofclaims.state.ny.us)

15906 50

TERRIE NAR  
RECEIVED FROM  
CLAIMANT15906  
RECEIPT #

AMOUNT

C=CASH  
 CK=CHECK  
 CC=CREDIT CARD  
 MO=MONEY ORDER

RECEIPT  
**NYS COURT OF CLAIMS**  
 P.O. BOX 7344  
 CAPITOL STATION  
 ALBANY, NY 12224  
 (518) 432-3918

## CODES

- A. FILING FEE
- B. SANCTIONS
- C. SURPLUS
- D. PHOTOCOPIES
- E. REFUND
- F. OTHER

*John Romano*  
 RECEIVED BY

15906

10446



STATE OF NEW YORK  
OFFICE OF THE ATTORNEY GENERAL

ERIC T. SCHNEIDERMAN  
ATTORNEY GENERAL

(212) 416-8502

DIVISION OF STATE COUNSEL  
CLAIMS BUREAU

February 14, 2014

STATE OF NEW YORK  
ATTORNEY GENERAL  
MANAGING CLERK'S OFFICE  
RECEIVED

2014 MAR 14 PM 3:57

Re: Terrie v. State of New York

Claim No.: 122466

Nan Terrie  
2759 Webster Avenue, Apt. L69  
Bronx, New York 10458

Dear Ms. Terrie:

I am returning the original and copy of your deposition transcript which was forwarded to you, with instructions, on December 20, 2013. Kindly follow those instructions and return the signed and notarized original transcript. Additionally, I am returning Court Officer Ida Brando's signed and notarized deposition transcript (see page 29).

Very truly yours,

  
JOHN M. HUNTER

Assistant Attorney General

Enclosure

## STATE OF NEW YORK: COURT OF CLAIMS

Van Terrie, pro se

-against-

State of New York

Claimant(s),

Defendant.

PRELIMINARY CONFERENCE  
STIPULATION & ORDER

BS

Hon. Faviola A. Soto  
Claim No. 122466

APPEARANCES (caption names Court Police Officer etc.)

Claimant(s): Van Terrie, pro se

Defendant: State of New York  
By: John M. Hunter, Assistant Attorney General

It is hereby ORDERED that disclosure shall proceed as follows:

## (1) Bill of Particulars:

Defendant (a) Demand for a bill of particulars shall be served by already served on or before  
 claimant (b) Bill of particulars shall be served by July 3, 2013 on or before to be filed with clerk in  
 (c) A supplemental bill of particulars shall be served by as to items on or before Albany.

## (2) Medical Reports and Authorizations: defendant to serve within 30.

Shall be served as follows: within 45 days (July 3, 2013)claimant to sign & return August 7, 2013

## (3) Disclosure:

(a) All parties, on or before July 3, 2013 shall exchange names and addresses of all eye witnesses and notice witnesses, statements of opposing parties, and photographs, or, if none, provide an affirmation to that effect.  
 (b) Authorization for claimant(s)' employment records for the period 7/3/2013 shall be furnished on or before  
 (c) Demand for discovery and inspection shall be served by on or before July 3, 2013 on or before. The items sought shall be produced to the extent not objected to, and objections, if any shall be stated, on or before  
 (d) Other interrogatories, etc. claimant to serve defendant with demand for discovery inspection by July 3, 2013. Defendant has 45 days to respond  
 defendant already served demand for discovery inspect claimant to answer

## (4) Depositions: Depositions of

Claimant(s) Defendant(s) All Parties shall be heldresponsible on  
or before  
July 3  
2013

## (5) Physical Examination:

(a) Examination of defendant reserves rights to shall be held

take physical examination

(b) A copy of the physician's report shall be furnished to claimant(s) within days of the examination.

unless no physical injuries or damages  
alleged

Case Name: Terrie v State Claim No. 120466 PC ORDER Page 2

(6) **Compliance Conference:** Shall be held on September 16, 2013

(7) **Conferences:** If an earlier conference is requested, Counsel shall contact Chambers by letter or joint telephone conference (212-361-8160), setting forth the specific reason(s) for the request.

(8) **Motions:** a) Jurisdictional Motions:

(b) Discovery motions: Counsel must contact Chambers, by letter or joint telephone conference (212-361-8160), before bringing any disclosure motion.

(c) Impleader:

(d) Other motion(s):

(9) Trial will be:  Bifurcated  Unified

(10) **End date for Discovery/ Note of Issue:** Claimant shall file a note of issue/certificate of readiness on or before \_\_\_\_\_.

(11) **Related Action Pending or Contemplated?** : No  Yes

If instituted: Case Name: \_\_\_\_\_, Index # \_\_\_\_\_  
County and Court: \_\_\_\_\_

Counsel shall be familiar with and advise Court of status, dispositive motions, trial or settlement of related action.

(12) **Translator necessary at trial?** \_\_\_\_\_ Language \_\_\_\_\_

**Additional Directives:**

Applicable: Yes  or No  : For additional directives, see p. 3

**FAILURE TO COMPLY WITH ANY OF THESE DIRECTIVES MAY RESULT IN THE IMPOSITION OF COSTS OR SANCTIONS OR OTHER ACTION AUTHORIZED BY LAW.**

*In Proptia Persona*

*Man Princess Goddess ISIS Ma'at imhotep*  
Attorney for Claimant(s) *Ged. Terrie Elbez*

*ERIC T. SCHNEIDERMAN*  
by: *John M. Hunter* *John M. Hunter*  
Attorney for Defendant

**SO ORDERED:**

Dated: May 28, 2013

*FAVIOLA A. SOTO, J.*

STATE OF NEW YORK  
ATTORNEY GENERAL  
MANAGING CLERK'S OFFICE  
RECEIVED

2014 MAR 14 PM 3:56

Here's the pictures

you requested, I mail  
them out and am  
dropping off copies



STATE OF NEW YORK  
OFFICE OF THE ATTORNEY GENERAL

ERIC T. SCHNEIDERMAN  
ATTORNEY GENERAL

DIVISION OF STATE COUNSEL  
CLAIMS BUREAU

(212) 416-8502

December 20, 2013

Re: Terrie v. State of New York

Claim No.: 122466

-----  
Nan Terrie  
2759 Webster Avenue, Apt. L69  
Bronx, New York 10458

2014 MAR 14 PM 3:57  
STATE OF NEW YORK  
ATTORNEY GENERAL  
MANAGING CLERK'S OFFICE  
RECEIVED

Dear Ms. Terrie:

Enclosed with this correspondence are the original and one copy of the transcript of your recent deposition testimony in the above-captioned action. Please sign the original transcript in the designated area on page 77 of the transcript. If any changes are necessary, they must be made on the errata sheet which is located on page 80 of the transcript. Please do not make any changes, whatsoever, on the transcript itself.

Both the transcript and any changes must be executed in the presence of a Notary Public. Thereafter please return the original transcript to me.

Finally, please take notice that pursuant to CPLR 3116 (a), your failure to return the

120 BROADWAY, NEW YORK, NY 10271 • PHONE (212) 416-8500 • FAX (212) 416-8946 • WWW.AG.NY.GOV



New York City Comptroller  
John C. Liu

Office of the New Yo

Form Version: NYC

## Personal Injury Claim Form

Claim must be filed *in person or by registered or certified mail within 90 days of the occurrence at the New York City Comptroller's Office, 1 Centre Street, Room 1225, New York, New York 10007. It must be notarized. If claim is not resolved within 1 year and 90 days of the occurrence, you must start legal action to preserve your rights.*

TYPE OR PRINT

I am filing:  On behalf of myself.

On behalf of someone else. If on someone else's behalf, please provide the following information.

Last Name:

T. LIU

First Name:

NAN

Relationship to the claimant:

SELF & WORKING GROUP  
MEMBERS Attorney is filing.

Attorney Information (If claimant is represented by an attorney)

Firm or Last Name:

Firm or First Name:

Address:

Address 2:

City:

State:

Zip Code:

Fax #:

Phone #:

Email Address:

## City Agency(s) Involved

City Agency Involved 1:

City Agency Involved 2:

City Agency Involved 3:

## Claimant Information

\*Last Name:

T. LIU

\*First Name:

NAN

Address:

2759 Webster Av

Address 2:

City:

Bronx

State:

NYC

Zip Code:

10458

Country:

Bronx

Date of Birth:

4/18/1993 Format: MM/DD/YYYY

Soc. Sec. #:

511968618

HICN:  
(Medicare #)

Date of Death:

Format: MM/DD/YYYY

Phone:

701) 4984-1993

Email Address:

#7PeaceGarden@yahoo.com

Occupation:

Student

Attach  
if more  
needed.City Employee?  Yes  No  NAGender  Male  Female  Other

at Court business

I, Nan Tzuri Sing, the Compt. Pol  
at 111 Centre St, NYC, for Violation  
of my Constitutional Rights this Mar  
between 10th - 11.45 AM was

16055.

\* Denotes  
required field(s).

\* Denotes required field(s).

This form is unofficial and provided primarily for pro se litigants. It should be completed in accordance with the substantive pleading requirements of Court of Claims Act section 11(b).

State of New York  
Court of Claims

FILED

122466 03-713

STATE COURT OF CLAIMS  
ALBANY, NEW YORK

Non ferre

Claimant(s)

The court Police officer @ 111 Centre st my <sup>Claim</sup>  
Frederick Brando 3D a/k/a  
Supervisor

Defendant(s)

1. The post office address of the claimant (you) is 2759 Webster av A 169  
Bronx N.Y. ~~10458~~ 10458

2. This claim arises from the acts or omissions of the defendant. Details of said acts or omissions are as follows (be specific):

Please read <sup>read</sup> ~~act~~ <sup>ments</sup>  
for ~~act~~

3. The place where the act(s) took place is (be specific):

4. This claim accrued on the 17 day of January, 2013 at Between 11:45 A.M. 10 AM o'clock.

5. Identify the items of damage or injuries claimed to have been sustained:

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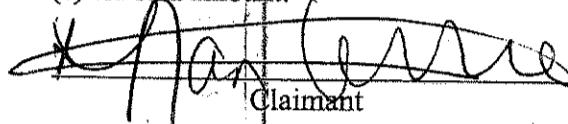
6. (Check appropriate box):

This Claim is served and filed within **90 days of accrual**.  
OR

A Notice of Intention to File a Claim was served on \_\_\_\_\_, which was within 90 days of accrual.  
OR

This is a claim by a correctional facility inmate to recover damages for injury to or loss of personal property and it is served and filed within **120 days of the exhaustion of claimant's administrative remedies**.

By reason of the foregoing, Claimant was damaged in the amount of \$ \_\_\_\_\_, and Claimant demands judgment against the Defendant(s) for said amount.



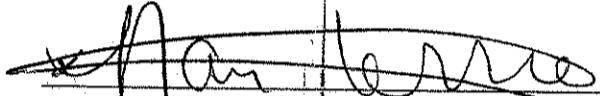
Claimant

VERIFICATION

STATE OF NEW YORK ) ss:  
COUNTY OF Albany)

John Morris, being duly sworn, deposes and says that deponent is the Claimant in the within action; that deponent has read the foregoing Claim and knows the contents thereof; that the same is true to deponent's own knowledge, except as to matters therein stated to be alleged upon information and belief, and that as to those matters, deponent believes it to be true.

Sworn to before me this \_\_\_\_\_ day  
of \_\_\_\_\_, \_\_\_\_\_.



Notary Public, State of New York

SERVICE AND FILING INSTRUCTIONS

You must serve a copy of the claim in accordance with Court of Claims Act section 11(a) and you must file the original and two copies, with proof of service, and the filing fee of \$50.00 or an application for waiver or reduction of the filing fee, with the Clerk of the Court of Claims.

**FAILURE TO EFFECT PROPER AND TIMELY SERVICE AND FILING MAY RESULT IN DISMISSAL OF YOUR CLAIM**

New York State Court of Claims  
Justice Building, P.O. Box 7344  
Albany, New York 12224  
(518) 432-3411

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This form is unofficial and provided primarily for pro se litigants. It should be completed in accordance with the substantive pleading requirements of Court of Claims Act section 11(b).

State of New York  
Court of Claims

Non ferme

Claimant(s)

The court Police officer @ 111 Centre st my c  
officer name Brenda J D or a her <sup>Claim</sup>  
Supervisor. <sub>Defendant(s)</sub>

1. The post office address of the claimant (you) is 2759 Webster ave  
Bronx NYC 10458 10458

2. This claim arises from the acts or omissions of the defendant. Details of said acts or omissions are as follows (be specific):

Please read attachments

3. The place where the act(s) took place is (be specific):

4. This claim accrued on the 17 day of January, 2013 at 11:45 <sup>Between</sup> <sub>o'clock</sub> <sup>AM</sup> <sub>PM</sub>

5. Identify the items of damage or injuries claimed to have been sustained:

---

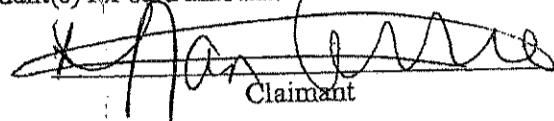
---

---

6. (Check appropriate box):

This Claim is served and filed within 90 days of accrual.  
OR  
 A Notice of Intention to File a Claim was served on \_\_\_\_\_, which was within 90 days of accrual.  
OR  
 This is a claim by a correctional facility inmate to recover damages for injury to or loss of personal property and it is served and filed within 120 days of the exhaustion of claimant's administrative remedies.

By reason of the foregoing, Claimant was damaged in the amount of \$ \_\_\_\_\_, and Claimant demands judgment against the Defendant(s) for said amount.



Claimant

VERIFICATION

STATE OF NEW YORK ) ss:  
COUNTY OF NY)

Alan Ferre, being duly sworn, deposes and says that deponent is the Claimant in the within action; that deponent has read the foregoing Claim and knows the contents thereof; that the same is true to deponent's own knowledge, except as to matters therein stated to be alleged upon information and belief, and that as to those matters, deponent believes it to be true.



Sworn to before me this \_\_\_\_\_ day  
of \_\_\_\_\_, \_\_\_\_\_.

Notary Public, State of New York

SERVICE AND FILING INSTRUCTIONS

You must serve a copy of the claim in accordance with Court of Claims Act section 11(a) and you must file the original and two copies, with proof of service, and the filing fee of \$50.00 or an application for waiver or reduction of the filing fee, with the Clerk of the Court of Claims.

FAILURE TO EFFECT PROPER AND TIMELY SERVICE AND FILING MAY RESULT IN DISMISSAL OF YOUR CLAIM

New York State Court of Claims  
Justice Building, P.O. Box 7344  
Albany, New York 12224  
(518) 432-3411

State of New York  
Court of Claims

Nan Terrie

Claimant(s)

Affidavit of Service

The Court Police Officer  
Officer Nan Terrie v. FDNY 111 Central  
Assigned Judge:

Defendant(s)

State of New York  
County of NYC ss:

Nan Terrie being duly sworn, deposes and says:

I am over the age of eighteen (18) years, and on March 17, 2014, I served a true copy of the attached Claim form against Police off

by mailing it in a sealed envelope, certified mail, return receipt requested, with postage prepaid, in a post office or official depository of the United States Postal Service within the State of New York, addressed to the last known address of the addressee as follows:

OR

by delivering it to the following person(s) at the address(es) indicated below:

(For a Notice of Motion and Supporting Papers):

by mailing them in a sealed envelope, with postage prepaid, in a post office or official depository of the United States Postal Service within the State of New York, addressed to the last known address of the addressee as follows:

Nan Terrie

(Signature)

Sworn to before me this 25<sup>th</sup> day  
of February, 2014  
RICHARD B. MINOR  
Notary Public

RICHARD B. MINOR  
Notary Public, State of New York  
Reg. No. 04MI6147382  
Qualified in New York County

State of New York  
Court of Claims

DIN No. \_\_\_\_\_, Claimant,

Affidavit in Support of Application  
Pursuant to CPLR 1101 (f)

Claim No.

The State of New York, Plaintiff,  
The Court Police Officer @ 111 Centre St.,  
Officer Paul Brando, Defendant, I.B.A. her supervisor

State of New York )  
County of NYC ) ss:

I, Jan Fenn, being duly sworn, hereby declare as follows:

1) I am the claimant in this proceeding, I am an inmate in a federal, state or local correctional facility (state place of incarceration: \_\_\_\_\_), and I submit this affidavit to support my application for a reduction of the filing fee.

2) I currently receive income from the following sources, not including correctional facility wages:

3) I own the following valuable property (other than miscellaneous personal property):

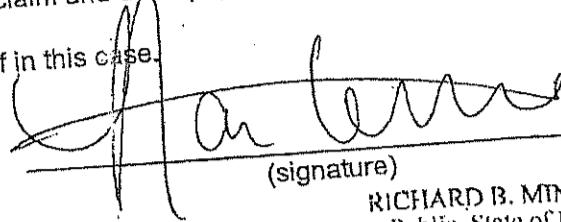
**NONE**

List property:

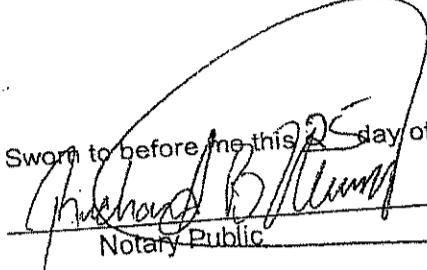
Value:

4) I have no savings, property, assets or income other than as listed above.

5) I am unable to pay the filing fee necessary to prosecute this proceeding.  
6) No other person who is able to pay the filing fee has a beneficial interest in the result of this proceeding.  
7) The facts of my case are described in my claim and other papers filed with the court.  
8) I have made no other request for this relief in this case.

  
(signature)

RICHARD B. MINOR  
Notary Public, State of New York  
Reg. No. 04M16147382  
Qualified in New York County  
Commission Expires June 5, 2014

Sworn to before me this 25 day of  
  
Feb. 2013  
Richard B. Minor  
Notary Public

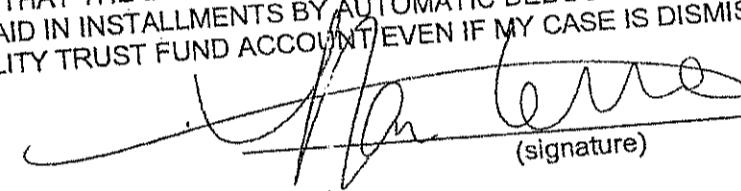
**AUTHORIZATION**

I, \_\_\_\_\_, inmate number \_\_\_\_\_, request and authorize the agency holding me in custody to send to the Clerk of the Court of Claims certified copies of the correctional facility trust fund account statement (or the institutional equivalent) for the past six months.

I further request and authorize the agency holding me in custody to deduct the filing fee from my correctional facility trust fund account (or the institutional equivalent) and to disburse those amounts as instructed by the Court of Claims.

This authorization is given in connection with this claim and shall apply to any agency into whose custody I may be transferred.

I UNDERSTAND THAT THE ENTIRE FILING FEE AS DETERMINED BY THE COURT OF CLAIMS WILL BE PAID IN INSTALLMENTS BY AUTOMATIC DEDUCTIONS FROM MY CORRECTIONAL FACILITY TRUST FUND ACCOUNT, EVEN IF MY CASE IS DISMISSED.

  
(signature)

THIS DOCUMENT CONTAINS A TRUE WATERMARK - HOLD UP TO LIGHT TO VIEW.

**WESTERN UNION MONEY ORDER**

ISSUED BY: WESTERN UNION FINANCIAL SERVICES INC., ISSUER  
Branch Office: Colorado

Payable to: State Court of Claims  
Bank: Bank of Colorado, Denver, Colorado

Order No: 14-650100574

Amount: A 171998 D 03013  
1536 01  
148501005748 L 000000 \$ 50.00

PAY EXACTLY FIFTY DOLLARS AND NO CENTS

PAY TO THE State Court of Claims

ORDER OF State Court of Claims

THROUGH Western Union EXPRESS MONEY ORDERS

*Signature*

14-6501005748

SUPREME COURT OF THE STATE OF NEW YORK  
COUNTY OF NEW YORK

Index Number

Nan Terrie

Plaintiff

- against -

AFFIDAVIT OF SERVICE after  
COMMENCEMENT of LITIGATION

Landlord & Tenant Court  
Police officer of Court  Defendant  
 STATE OF NEW YORK, COUNTY OF Manhattan, NYC ss: Centre St. NYC, Nan Brando, Jr., in supervisor  
 I, [name of person who served papers] Nan Terrie, being duly sworn,  
 depose and say: I am over 18 years of age and am not a party to this case.  
 I reside at [your address] 275 Webster Ave Bronx NYC 10458 & Mailing to  
 On [date of service] Feb 27, 2013, at [time of day] 3:15 AM / PM, served a true copy of  
 the following papers: [identify papers served] I personal deliver it to the state attorney  
Harlem 163 W. 125st suite 1324 NYC 10027, in the following manner. [check box that applies]

Personal Service By personally delivering the papers to [identify person served] I Nan Terrie  
 at [address] 163 W. 125st suite 1324 NYC 10027

The individual I served had the following characteristics [check one box in each category]:

<u>Sex</u>	<u>Height</u>	<u>Weight</u>	<u>Age</u>
<input type="checkbox"/> Male	<input type="checkbox"/> Under 5'	<input type="checkbox"/> Under 100 lbs.	<input type="checkbox"/> 19-40
<input type="checkbox"/> Female	<input type="checkbox"/> 5'0"- 5'3"	<input type="checkbox"/> 100-130 lbs.	<input type="checkbox"/> 21-34 years
	<input checked="" type="checkbox"/> 5'4"- 5'8"	<input type="checkbox"/> 131-160 lbs.	<input type="checkbox"/> 35-50 years
	<input type="checkbox"/> 5'9"- 6'0"	<input type="checkbox"/> 161-200 lbs.	<input type="checkbox"/> 51-65 years
	<input type="checkbox"/> Over 6'	<input type="checkbox"/> Over 200 lbs.	<input type="checkbox"/> Over 65 years

[describe]: Skin color Brown Hair color Golden Brown

Other identifying features, if any [describe]:

Mail By mailing the same in a sealed envelope, with postage prepaid thereon, in a post office or official depository of the U.S. Postal Service within the State of New York, addressed to the last-known address of the addressee(s) indicated below:

Overnight Delivery Service By depositing the same with an overnight delivery service in a wrapper properly addressed. Said delivery was made prior to the latest time designated by the overnight delivery service for overnight delivery. The delivery service used was [name of delivery service] Fax (212) 961-4003 phone (212) 961-4475

[Name(s) and address(es) of person(s) served by mail/overnight delivery]

I Nan Terrie brought those forms to  
NYC New York State Attorney General  
Harlem Regional office. Was receive/hand  
to Statice Ortton February 27 2013 @ 3:15PM.

Sworn to before me this

day of FEB 28 2013

ANNA DONG  
 Notary Public, State of New York  
 Reg. No. 04106228919  
 Qualified in New York County  
 Commission Expires Sept. 27, 2014

[sign name before a Notary]

Nan Terrie

[print your name]

4-06

State of New York  
Court of Claims

Nan Ferrie v. The Court Police Officer, Officer Nine Brando F.D.A. in her supervisory capacity, 11 Center St.  
Claimant(s) Defendant(s)

Affidavit of Service

Claim No.

Assigned Judge:

State of New York  
County of NYC ss:

Nan Ferrie being duly sworn, deposes and says:

I am over the age of eighteen (18) years, and on 20, I served a true copy of the attached Nan Ferrie in the following manner:

(For a Claim): Claim form against Police officer

by mailing it in a sealed envelope, certified mail, return receipt requested, with postage prepaid, in a post office or official depository of the United States Postal Service within the State of New York, addressed to the last known address of the addressee as follows:

OR  
by delivering it to the following person(s) at the address(es) indicated below:

(For a Notice of Motion and Supporting Papers):

by mailing them in a sealed envelope, with postage prepaid, in a post office or official depository of the United States Postal Service within the State of New York, addressed to the last known address of the addressee as follows:

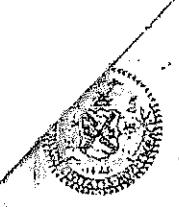
Nan Ferrie

(Signature)

Sworn to before me this 25<sup>th</sup> day  
of February, 2009.

Richard B. Minor  
Notary Public

RICHARD B. MINOR  
Notary Public, State of New York  
Reg. No. 04MI6147382  
Qualified in New York County  
Commission Expires June 9, 2014



New York City Comptroller  
John C. Liu

Office of the New York City Comptroller  
1 Centre Street  
New York, NY 10007

Form Version: NYC-COMPT-BLA-PI1-M

## Personal Injury Claim Form

Claim must be filed *in person or by registered or certified mail within 90 days of the occurrence* at the NYC Comptroller's Office, 1 Centre Street, Room 1225, New York, New York 10007. It must be *notarized*. If claim is not resolved within *1 year and 90 days of the occurrence*, you must start legal action to preserve your rights.

TYPE OR PRINT

I am filing:  On behalf of myself.

On behalf of someone else. If on someone else's behalf, please provide the following information.

Last Name:

TRINIE

First Name:

NAN

Relationship to  
the claimant:

Self Working group  
members

### Claimant Information

\*Last Name:

TRINIE

\*First Name:

NAN

Address:

2759 Webster Av

Address 2:

BRONX

City:

NYC

State:

NY

Zip Code:

10458

Country:

BRONX

Date of Birth:

4/18/1983

Format: MM/DD/YYYY

Soc. Sec. #

SP 10/2018

HICN:  
(Medicare #)

Date of Death:

Format: MM/DD/YYYY

Phone:

(701) 2984-1993

Email Address:

SP Peace Galvanard@yahoo.com

Occupation:

Student

City Employee?

Yes  No  NA

Gender

Male  Female  Other

abt Court business

Attorney is filing.

**Attorney Information (If claimant is represented by attorney)**

Firm or Last Name:	
Firm or First Name:	
Address:	
Address 2:	
City:	
State:	
Zip Code:	
Tax ID:	
Phone #:	
Email Address:	

### City Agency(s) Involved

City Agency  
Involved 1:

2013 JAN 18 PM 1:05

City Agency  
Involved 2:

City Agency  
Involved 3:

Nan Trinie Sing the Court Police Officer  
at 111 Centre St NYC for Violations of  
my Constitutional Rights this Morning 1/17/2013  
Between 10AM - 11:45AM was violated.

\*Denotes required field(s).

Page 1 of 5

New York City Comptroller  
John C. Liu

Office of the New York City Comptroller  
1 Centre Street  
New York, NY 10007

## The time and place where the claim arose

Date of incident: 1/17/2013 Format: MM/DD/YYYY  
Time of incident: Between 10:00 AM and 11:00 AM Format: HH:MM AM/PM

Location of incident:

111 Centre St.  
Housing Court

Address:  
Address 2:  
City:  
State:  
Borough:


Manner in which claim arose:

Each extra sheet(s) more room is needed.

I was in terrible was a witness to one of my working group had member housing court hearing; I was called for court, when arrived I waited in line to be called; when got there this lady by the name of Brando Ida according to what her supervisor told me her name is, told me to sit at the table I do a Brando asked me if I have anything on to I do her I have my pants that's have a metal building belt on than she told me that you have to take your pants off "I look at her like she's crazy. I put my pants down on the table, then I walk thru the machine ring Brando Ida and went to get down hand searched me since she had told me she would ignore her and told her I don't want to be touch. She then told me to unbutton my jacket I did then she punch me in my stomach I pushed her hand away as I pointed to you can used that black thing that yeah is cool to scan but I don't want to be touch she then grab my shirt to I do me to unbutton shirt, I did then she hold the shirt in one side pushed it up exposed my body when she did that I started raising my voice, I was been violated my constitution I was taking away from me that fine then out of nowhere I do a white male walked and said me pretty upset and one of the lady here told me I was being SICKING my boss come and told me to lay my face and start cursing, told him you mother just is respectful by touching me, then he told me well I was in the corner I heard everything told him you a liar that her boss start talking to me in a very DISRESPECTFUL manner like I was a 3 year old to tell him to stop talking to me like I'm an adult illegal ADC, he then told me to the court if I don't or return back to the court I would be arrested there. Hum, I was abused verbally and threat by both Ida and OSS. I left called 311 and 311 gave me the # for the Inspector for general I called and left took the train to 26 Broadway Wall St. New York I do not feel freedom was threatening



New York City Comptroller  
John C. Liu

Office of the New York City Comptroller  
1 Centre Street  
New York, NY 10007

**Medical Information**

1st Treatment Date:	1/17/2013	Format: MM/DD/YYYY
Hospital/Name:		
Address:		
Address 2:		
City:		
State:		
Zip Code:		
Date Treated in Emergency Room:		Format: MM/DD/YYYY
Was claimant taken to hospital by an ambulance?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA	

*NYC Inspection Office*

**Employment Information (If claiming lost wages)**

Employer's Name:	<i>NYC</i>
Address:	
Address 2:	
City:	
State:	
Zip Code:	
Work Days Lost:	
Amount Earned Weekly:	

**Treating Physician Information**

Last Name:	
First Name:	<i>John</i>
Address:	
Address 2:	
City:	
State:	
Zip Code:	

\* Denotes required field(s).

Page 3 of 1

New York City Comptroller  
John C. Liu

Office of the New York City Comptroller  
1 Centre Street  
New York, NY 1000

## Complete if claim involves a NYC vehicle

## Owner of vehicle claimant was traveling in

Last Name:

First Name:

Address:

Address 2:

City:

State:

Zip Code:

## Insurance Information

Insurance Company Name:

Address:

Address 2:

City:

State:

Zip Code:

Policy #:

Phone #:

Description of claimant:

Last Name:
First Name:
Address:
Address 2:
City:
State:
Zip Code:

Insurance Company Name:
Address:
Address 2:
City:
State:
Zip Code:
Policy #:
Phone #:

Driver  Passenger  
 Pedestrian  Bicyclist  
 Motorcyclist  Other

\*Total Amount Claimed:

Date

JAN 17 2013

State of New York  
County of

, NY, USA

being duly sworn depose and say that I have read the foregoing  
to be alleged upon information and belief, and as to those matters. I believe them to be true.

Signature of Claimant

Sworn before me this day

JAN 17 2013

Signature of Notary

Page 5 of 5

\*Denotes required field(s).

JASMINE J. VAUGHN  
Notary Public, State of New York  
Reg. No. 01VAAG12701

## Non-City vehicle driver

Last Name:

First Name:

Address:

Address 2:

City:

State:

Zip Code:

Last Name:
First Name:
Address:
Address 2:
City:
State:
Zip Code:

## Non-City vehicle information

Make, Model, Year of Vehicle:

Plate #:

VIN #:

Make, Model, Year of Vehicle:
Plate #:
VIN #:

## City vehicle information

Plate #:

City Agency Involved:

City Driver Last Name:

City Driver First Name:

Plate #:
City Agency Involved:
City Driver Last Name:
City Driver First Name:

Signature of Claimant  
JAN 17 2013  
Jasmine J. Vaughn  
Notary Public, State of New York  
Reg. No. 01VAAG12701

Signature of Claimant

Signature of Notary

State of New York  
Court of Claims

DIN No. \_\_\_\_\_, Claimant,

*Nan Terrie*  
v.

Affidavit in Support of Application  
Pursuant to CPLR 1101 (f)

Claim No.

*The State of New York, the Court Police Officer @ 111 Centre St  
Officer Name: Brandon B. B. is her supervisor*

State of New York )  
County of NYC ) ss:

I, Nan Terrie, being duly sworn, hereby declare as follows:

- 1) I am the claimant in this proceeding, I am an inmate in a federal, state or local correctional facility (state place of incarceration: \_\_\_\_\_), and I submit this affidavit to support my application for a reduction of the filing fee.
- 2) I currently receive income from the following sources, not including correctional facility wages:  
\_\_\_\_\_  
\_\_\_\_\_

- 3) I own the following valuable property (other than miscellaneous personal property):

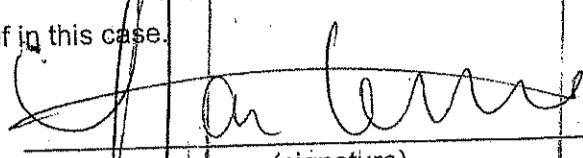
NONE

List property: Value:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

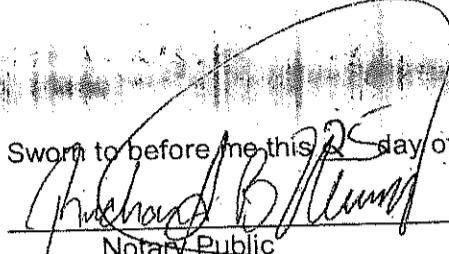
- 4) I have no savings, property, assets or income other than as listed above.

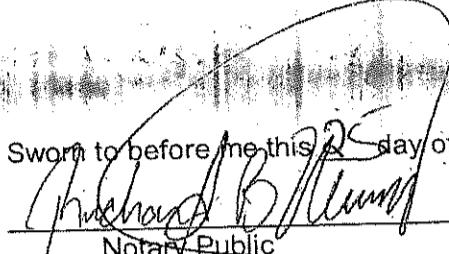
5) I am unable to pay the filing fee necessary to prosecute this proceeding.  
6) No other person who is able to pay the filing fee has a beneficial interest in the result of this proceeding.  
7) The facts of my case are described in my claim and other papers filed with the court.  
8) I have made no other request for this relief in this case.

  
(signature)

RICHARD B. MINOR  
Notary Public, State of New York  
Reg. No. 04MI6147382  
Qualified in New York County  
Commission Expires June 5, 2014

Sworn to before me this 25 day of

  
Feb. 2013

  
Richard B. Minor  
Notary Public

**AUTHORIZATION**

I, \_\_\_\_\_, inmate number \_\_\_\_\_, request and authorize the agency holding me in custody to send to the Clerk of the Court of Claims certified copies of the correctional facility trust fund account statement (or the institutional equivalent) for the past six months.

I further request and authorize the agency holding me in custody to deduct the filing fee from my correctional facility trust fund account (or the institutional equivalent) and to disburse those amounts as instructed by the Court of Claims.

This authorization is given in connection with this claim and shall apply to any agency into whose custody I may be transferred.

I UNDERSTAND THAT THE ENTIRE FILING FEE AS DETERMINED BY THE COURT OF CLAIMS WILL BE PAID IN INSTALLMENTS BY AUTOMATIC DEDUCTIONS FROM MY CORRECTIONAL FACILITY TRUST FUND ACCOUNT EVEN IF MY CASE IS DISMISSED.

  
(signature)

to submit  
no pro forma  
and I would  
not be able to  
see the picture

STATE OF NEW YORK  
ATTORNEY GENERAL  
MANAGING CLERKS OFFICE  
RECEIVED

2014 MAR 14 PM 3:56

Notice, a Notice of Petition and Verified Petition, an Order to Show Cause and Verified Petition or Subpoena. Print to fill in the spaces next to the instructions.

SUPREME COURT OF THE STATE OF NEW YORK  
COUNTY OF NEW YORK

*Jan Terrie*

Index Number

[fill in names(s)] Plaintiff(s)/Petitioner(s)

-against-

*Landlord & Tenant Court*

*Police Officer @ 111 Centre St, office of the Bronx IDA, re: Superior*

[fill in names(s)] Defendant(s)/Respondent(s)

AFFIDAVIT OF SERVICE  
of INITIATING PAPERS

STATE OF NEW YORK  
COUNTY OF *NYC*

ss:

I, *Jan Terrie*, [name of person who served papers],  
being duly sworn, depose and say:

I am over 18 years of age and am not a party to this case.

I reside at [your address] *2759 Webster Av #169 Bronx NYC 10458*

On *Feb 27*, 200*13* [date of service], at *3:15 AM* [time of day], I served the  
attached papers [identify papers served] *I personally delivered those papers to the state attorney general in Harlem at 163 W. 125th Street NYC 10032*  
on the defendant in this case. The address of the place where the papers were served is [location where  
papers served] *163 W. 125th Street 1394 NYC 10027: State Attorney General in Harlem*.

I served the papers in the manner indicated below: [check box that applies]:

Individual

By delivering a true copy of each to the defendant personally. I knew the person  
served to be the person named in those papers because [How did you know  
defendant?]

[Fill out description of defendant on page 2].

Corporation

[name of  
business], a domestic corporation, by delivering a true copy of each to [Identify  
person served] \_\_\_\_\_ [Fill out  
description of person on page 2], who is [identify his/her job title] \_\_\_\_\_  
I knew the corporation to be that listed in  
the papers served and I knew the title of person named above and that he/she was  
authorized to accept service.

This form is unofficial and provided primarily for pro se litigants. It should be completed in accordance with the substantive pleading requirements of Court of Claims Act section 11(b).

**State of New York**  
**Court of Claims**

*Don Ferrie*

Claimant(s)

*The court police officer @ 111 Centre st my claim  
officer none brands ID or her  
Supervisor*

Defendant(s)

1. The post office address of the claimant (you) is *2759 Webster ave #1e  
Bronx NYC 10458 10458*

2. This claim arises from the acts or omissions of the defendant. Details of said acts or omissions are as follows (be specific):

*Please read attachments*

3. The place where the act(s) took place is (be specific):

4. This claim accrued on the 17 day of January 2013 at 11:45 <sup>Between</sup> AM 10th o'clock.

Notice, a Notice of Petition and Verified Petition, an Order to Show Cause and Verified Petition or Subpoena. Print to fill in the spaces next to the instructions.

SUPREME COURT OF THE STATE OF NEW YORK  
COUNTY OF NEW YORK

*Non Filer*

Index Number \_\_\_\_\_

[fill in name(s)]

Plaintiff(s)/Petitioner(s)

-against-

*Landlord & Tenant Court  
Police Officer D'Intino & Co., Inc. vs. The Bronx IDA, Inc. et al.*

[fill in name(s)]

Defendant(s)/Respondent(s)

AFFIDAVIT OF SERVICE  
of INITIATING PAPERS

STATE OF NEW YORK  
COUNTY OF *NYC*

ss:

*I, John J. Cane*

[name of person who served papers].

being duly sworn, depose and say:

I am over 18 years of age and am not a party to this case.

I reside at [your address] *2759 Webster Av/ #L69, Bronx, NY 10453*

On *Feb 27*, 2003 [date of service], at *3:15 AM* [time of day], I served the attached papers [identify papers served] *personally on Plaintiff in Bronx, NY at 163 W. 125th St.* on the defendant in this case. The address of the place where the papers were served is [location where papers served] *163 W. 125th St. (39th NYC 10027). State Attorney in Bronx, NY*.

I served the papers in the manner indicated below: [check box that applies]:

Individual

By delivering a true copy of each to the defendant personally. I knew the person served to be the person named in those papers because [How did you know defendant?]

[Fill out description of defendant on page 2].

Corporation

[name of business], a domestic corporation, by delivering a true copy of each to [Identify person served] [Fill out description of person on page 2], who is [Identify his/her job title]

[Fill out description of person on page 2], who is [Identify his/her job title]. I knew the corporation to be that listed in the papers served and I knew the title of person named above and that he/she was authorized to accept service.

This form is unofficial and provided primarily for pro se litigants. It should be completed in accordance with the substantive pleading requirements of Court of Claims Act section 11(b).

State of New York  
Court of Claims

Non-firm

Claimant(s)

The court Police officer @ 111 Centre st ny c  
officer New York 3D or a her <sup>Claim</sup>  
Superson

Defendant(s)

1. The post office address of the claimant (you) is 2759 Webster av #1  
Bronx nyc 10452 10458

2. This claim arises from the acts or omissions of the defendant. Details of said acts or omissions are as follows (be specific):

Please read and Acknowle  
dge the act

3. The place where the act(s) took place is (be specific):

4. This claim accrued on the 17 day of January, 2013 at 11:45 <sup>Between</sup> 10 AM o'clock.

5. Identify the items of damage or injuries claimed to have been sustained:

---

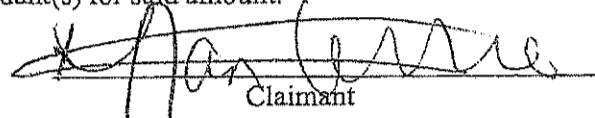
---

---

6. (Check appropriate box):

This Claim is served and filed within **90 days of accrual**.  
OR  
 A Notice of Intention to File a Claim was served on \_\_\_\_\_, which was within 90 days of accrual.  
OR  
 This is a claim by a correctional facility inmate to recover damages for injury to or loss of personal property and it is served and filed within **120 days of the exhaustion of claimant's administrative remedies**.

By reason of the foregoing, Claimant was damaged in the amount of \$ \_\_\_\_\_, and Claimant demands judgment against the Defendant(s) for said amount.

  
Claimant

VERIFICATION

STATE OF NEW YORK ) ss:  
COUNTY OF NY)

John Terrie, being duly sworn, deposes and says that deponent is the Claimant in the within action; that deponent has read the foregoing Claim and knows the contents thereof; that the same is true to deponent's own knowledge, except as to matters therein stated to be alleged upon information and belief, and that as to those matters, deponent believes it to be true.

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_.



Notary Public, State of New York

SERVICE AND FILING INSTRUCTIONS

You must serve a copy of the claim in accordance with Court of Claims Act section 11(a) and you must file the original and two copies, with proof of service, and the filing fee of \$50.00 or an application for waiver or reduction of the filing fee, with the Clerk of the Court of Claims.

**FAILURE TO EFFECT PROPER AND TIMELY SERVICE AND FILING MAY RESULT IN DISMISSAL OF YOUR CLAIM**

New York State Court of Claims  
Justice Building, P.O. Box 7344  
Albany, New York 12224  
(518) 432-3411

State of New York  
Court of Claims

Nan Ferrie Claimant(s)  
v.  
The Court Police Officer, Claim No. IT 11-00087  
Officer Name Brando I.D. # 111-111-1111 Assigned Judge: W. Superior  
Defendant(s)

State of New York  
County of New York ss:

Nan Ferrie Being duly sworn, deposes and says:

I am over the age of eighteen (18) years, and on March 14, 2006, I served a true copy of the  
attached Nan Ferrie in the following manner:

(For a Claim): Claim form against Police office

by mailing it in a sealed envelope, certified mail, return receipt requested, with postage prepaid, in a post  
office or official depository of the United States Postal Service within the State of New York, addressed to  
the last known address of the addressee as follows:

OR

by delivering it to the following person(s) at the address(es) indicated below:

(For a Notice of Motion and Supporting Papers):

by mailing them in a sealed envelope, with postage prepaid, in a post office or official depository of the  
United States Postal Service within the State of New York, addressed to the last known address of the  
addressee as follows:

Sworn to before me this 25<sup>th</sup> day  
of February, 2006  
Richard B. Minor  
Notary Public

Nan Ferrie  
(Signature)

RICHARD B. MINOR  
Notary Public State of New York  
Reg. No. 04M16147382  
Qualified in New York County  
Commission Expires June 6, 2014



THE CITY OF NEW YORK  
OFFICE OF THE COMPTROLLER  
CLAIMS AND ADJUDICATIONS  
1 CENTRE STREET ROOM 1200  
NEW YORK, N.Y. 10007-2341

WWW.COMPTROLLER.NYC.GOV

Michael Aaronson  
Chief, Bureau of Law and  
Adjustment

John C. Liu  
COMPTROLLER

015-151

Date: 01/22/2013  
Claim No: 2013PI002073  
RE: Acknowledgment of Claim

NAN TERRIE  
2759 WEBSTER AV APT L69  
BRONX, NY 10456

Dear Claimant:

We acknowledge receipt of your claim, which has been assigned the claim number shown above. Please refer to this claim number in any correspondence or inquiry you may have with our office.

We will do our best to investigate and, if possible, settle your claim. However, if we are unable to resolve your claim, **any lawsuit against the City must be started within one year and ninety days from the date of the occurrence.**

If you have any questions regarding your claim, you may contact us at either 212-669-8750 for property damage claims or 212-669-4445 for claims involving personal injury.

*Michael Aaronson*  
Sincerely,  
Michael Aaronson

This form is unofficial and provided primarily for pro se litigants. It should be completed in accordance with the substantive pleading requirements of Court of Claims Act section 11(b).

State of New York  
Court of Claims

*Non Ferial*

Claimant(s)

*The court Police officer @ 111 Centre st my claim  
officer were Brendon D. D. a her  
Supervisor.*

Defendant(s)

1. The post office address of the claimant (you) is *2759 Westchester Avenue  
Bronx NYC 10452 10458*

2. This claim arises from the acts or omissions of the defendant. Details of said acts or omissions are as follows (be specific):

*Please read attachedments*

3. The place where the act(s) took place is (be specific):

4. This claim accrued on the 17 day of January, 2013 at 11:45 <sup>Between</sup> <sub>AM</sub> o'clock <sup>PM</sup> <sub>NOON</sub>

5. Identify the items of damage or injuries claimed to have been sustained:

---

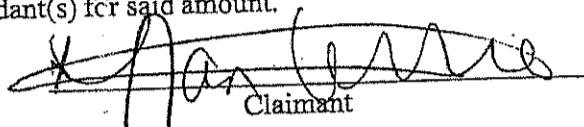
---

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6. (Check appropriate box):

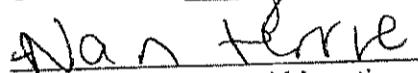
This Claim is served and filed within 90 days of accrual.  
OR  
 A Notice of Intention to File a Claim was served on \_\_\_\_\_, which  
was within 90 days of accrual.  
OR  
 This is a claim by a correctional facility inmate to recover damages for injury to or loss of  
personal property and it is served and filed within 120 days of the exhaustion of  
claimant's administrative remedies.

By reason of the foregoing, Claimant was damaged in the amount of \$ \_\_\_\_\_, and  
Claimant demands judgment against the Defendant(s) for said amount.

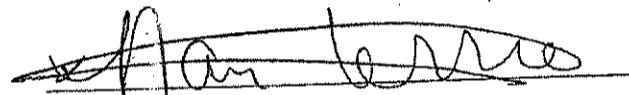
  
Claimant

VERIFICATION

STATE OF NEW YORK ss:  
COUNTY OF NY

 being duly sworn, deposes and says that deponent is  
the Claimant in the within action; that deponent has read the foregoing Claim and knows the  
contents thereof; that the same is true to deponent's own knowledge, except as to matters therein  
stated to be alleged upon information and belief, and that as to those matters, deponent believes it  
to be true.

Sworn to before me this \_\_\_\_\_ day  
of \_\_\_\_\_.



Notary Public, State of New York

SERVICE AND FILING INSTRUCTIONS

You must serve a copy of the claim in accordance with Court of Claims Act section 11(a) and you must file  
the original and two copies, with proof of service, and the filing fee of \$50.00 or an application for waiver or reduction  
of the filing fee, with the Clerk of the Court of Claims.

FAILURE TO EFFECT PROPER AND TIMELY SERVICE AND FILING MAY RESULT IN DISMISSAL OF  
YOUR CLAIM

New York State Court of Claims  
Justice Building, P.O. Box 7344  
Albany, New York 12224  
(518) 432-3411

State of New York  
Court of Claims

Nan Terrie

Claimant(s)

Affidavit of Service

The Court Police Officer  
Officer Name: Brandon T. Dug in her Super Central  
Defendant(s)

Claim No.

Assigned Judge:

State of New York  
County of NYC )ss:

Nan Terrie being duly sworn, deposes and says:

I am over the age of eighteen (18) years, and on 25, 2013, I served a true copy of the attached Nan in the following manner:

(For a Claim): Claim form against Police off

by mailing it in a sealed envelope, certified mail, return receipt requested, with postage prepaid, in a post office or official depository of the United States Postal Service within the State of New York, addressed to the last known address of the addressee as follows:

OR

by delivering it to the following person(s) at the address(es) indicated below:

(For a Notice of Motion and Supporting Papers):

by mailing them in a sealed envelope, with postage prepaid, in a post office or official depository of the United States Postal Service within the State of New York, addressed to the last known address of the addressee as follows:

Nan Terrie

(Signature)

Sworn to before me this 25<sup>th</sup> day  
of February, 2013

RICHARD B. MINOR  
Notary Public

RICHARD B. MINOR  
Notary Public, State of New York  
Reg. No. 04MI6147382  
Qualified in New York County



New York City Comptroller  
John C. Liu

Office of the New

Form Version: N

## Personal Injury Claim Form

Claim must be filed *in person* or by registered or certified mail within 90 days of the occurrence at the Comptroller's Office, 1 Centre Street, Room 1225, New York, New York 10007. It must be notarized. If not resolved within 1 year and 90 days of the occurrence, you must start legal action to preserve your rights. TYPE OR PRINT

I am filing:  On behalf of myself.

On behalf of someone else. If on someone else's behalf, please provide the following information.

Last Name:

Terry

First Name:

Nan

Relationship to  
the claimant:Self Working Group  
Member Attorney is filing.

Attorney Information (If claimant is represented by an attorney)

Firm or Last Name:

Firm or First Name:

Address:

Address 2:

City:

State:

Zip Code:

Fax #:

Phone #:

Email Address:

## Claimant Information

\*Last Name:

Terry

\*First Name:

Nan

Address:

2759 Webster Av

Address 2:

Bronx

City:

NYC

State:

10458

Zip Code:

Bronx

Country:

4/18/1993

Date of Birth:

Format: MM/DD/YYYY

Soc. Sec. #:

5710000018

HICN:

(Medicare #)

Date of Death:

701) 2784-1993

Format: MM/DD/YYYY

Phone:

877-777-0000

Email Address:

Terryliu@yahoo.com

Occupation:

Student

Format: MM/DD/YYYY

City Employee?

Yes  No  NA

Gender

Male  Female  OtherOccupation: Student art craft businessCity Employee?  Yes  No  NAGender:  Male  Female  OtherOccupation: Student art craft businessCity Employee?  Yes  No  NAGender:  Male  Female  OtherOccupation: Student art craft businessCity Employee?  Yes  No  NAGender:  Male  Female  OtherOccupation: Student art craft businessCity Employee?  Yes  No  NAGender:  Male  Female  OtherOccupation: Student art craft businessCity Employee?  Yes  No  NAGender:  Male  Female  OtherOccupation: Student art craft businessCity Employee?  Yes  No  NAGender:  Male  Female  OtherOccupation: Student art craft businessCity Employee?  Yes  No  NAGender:  Male  Female  OtherOccupation: Student art craft businessCity Employee?  Yes  No  NAGender:  Male  Female  OtherOccupation: Student art craft businessCity Employee?  Yes  No  NAGender:  Male  Female  OtherOccupation: Student art craft businessCity Employee?  Yes  No  NAGender:  Male  Female  OtherOccupation: Student art craft businessCity Employee?  Yes  No  NAGender:  Male  Female  OtherOccupation: Student art craft businessCity Employee?  Yes  No  NAGender:  Male  Female  OtherOccupation: Student art craft businessCity Employee?  Yes  No  NAGender:  Male  Female  OtherOccupation: Student art craft businessCity Employee?  Yes  No  NAGender:  Male  Female  OtherOccupation: Student art craft businessCity Employee?  Yes  No  NAGender:  Male  Female  OtherOccupation: Student art craft businessCity Employee?  Yes  No  NAGender:  Male  Female  OtherOccupation: Student art craft businessCity Employee?  Yes  No  NAGender:  Male  Female  OtherOccupation: Student art craft businessCity Employee?  Yes  No  NAGender:  Male  Female  OtherOccupation: Student art craft businessCity Employee?  Yes  No  NAGender:  Male  Female  OtherOccupation: Student art craft businessCity Employee?  Yes  No  NAGender:  Male  Female  OtherOccupation: Student art craft businessCity Employee?  Yes  No  NAGender:  Male  Female  OtherOccupation: Student art craft businessCity Employee?  Yes  No  NAGender:  Male  Female  OtherOccupation: Student art craft businessCity Employee?  Yes  No  NAGender:  Male  Female  OtherOccupation: Student art craft businessCity Employee?  Yes  No  NAGender:  Male  Female  OtherOccupation: Student art craft businessCity Employee?  Yes  No  NAGender:  Male  Female  OtherOccupation: Student art craft businessCity Employee?  Yes  No  NAGender:  Male  Female  OtherOccupation: Student art craft businessCity Employee?  Yes  No  NAGender:  Male  Female  OtherOccupation: Student art craft businessCity Employee?  Yes  No  NAGender:  Male  Female  OtherOccupation: Student art craft businessCity Employee?  Yes  No  NAGender:  Male  Female  OtherOccupation: Student art craft businessCity Employee?  Yes  No  NAGender:  Male  Female  OtherOccupation: Student art craft businessCity Employee?  Yes  No  NAGender:  Male  Female  OtherOccupation: Student art craft businessCity Employee?  Yes  No  NAGender:  Male  Female  OtherOccupation: Student art craft businessCity Employee?  Yes  No  NAGender:  Male  Female  OtherOccupation: Student art craft businessCity Employee?  Yes  No  NAGender:  Male  Female  OtherOccupation: Student art craft business



New York City Comptroller  
John C. Liu

Office of the New York City Comptroller  
1 Centre Street  
New York, NY 100

The time and place where the claim arose

\*Date of Incident:

1/17/2013 Format: MM/DD/YYYY

Time of Incident:

Between 10:00 AM and 11:00 AM Format: HH:MM AM/PM

\*Location of Incident:

111 Centre St.  
Housing Court

Address:  
Address 2:  
City:  
State:  
Borough:


\*Manner in which claim arose:

Attach extra sheet(s)

if more room is needed.

I was a witness to one of my walking group member housing Court hearing. I was late for court, I arrived I waited in line to be called. When got there the office by the name of Brando I.D.A. according to what her supervisor told me her name is, Brando got at the table I Brando asked me, if I have anything on to tell her I have no pant that's have a metal building belt on than she told me you have to take your pant off "I look at her like she's crazy I put my pants down on the table, then I walk thru the Scanning machine as I thought me and pant to get down hand searched me since she had told me she will ignore her and told her I don't want to be touch. She then told me to un-zip my coat and jacket I did then she punch me in my stomach I pushed her hand off her as I pointed to you can used that black thing that yeah used to be but I don't want to be touch she then grab my shirt to tell me to unbutton my shirt I did then she hold my shirt in one side push it up exposed my breast when she did that I started raise up my voice, I breast been broke my breast was falling away from me that time been out of NO where Brando walk in and saw me pretty upset and one of her co-worker was Brando SCIMI 3M my boss being her boss came and told me to go outside and start cursing I told him you're worker just disrespects me by touching me then he told me well I was in the corner I tell everything told him your a liar that her boss start talking to me in a very disrespectful manner like I was a 2 year old told me to stop talking to me like I'm autobombing ADC, he then told me to file Court if I don't or return back to the Court I would be arrested here. Brando was abused verbally and threat by both I.D.A. boss. I left called 311 and 311 gave my file for the Inspector general. I called and left took the train to the Bronx and in front of Bronx

The items of damage or injuries claimed are (include dollar amounts):

Attach extra sheet(s)  
if more room is needed.

State of New York  
Court of Claims

DIN No. \_\_\_\_\_, Claimant,

*Marlene*  
v.

Affidavit in Support of Application  
Pursuant to CPLR 1101 (f)

Claim No.

*The State of New York, Police Officer @ 111 Centre St NY  
Officer Name Shanell Defendant. I'm asking her supervisor*

State of New York )  
County of NYC ) ss:

I, Marlene, being duly sworn, hereby declare as follows:

- 1) I am the claimant in this proceeding, I am an inmate in a federal, state or local correctional facility (state place of incarceration: \_\_\_\_\_), and I submit this affidavit to support my application for a reduction of the filing fee.
- 2) I currently receive income from the following sources, not including correctional facility wages:  
\_\_\_\_\_  
\_\_\_\_\_

- 3) I own the following valuable property (other than miscellaneous personal property):

NONE

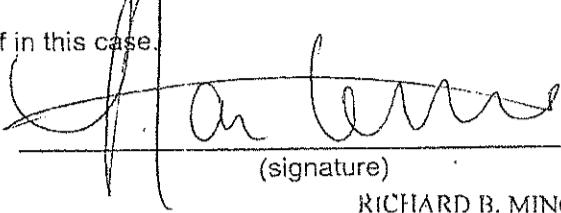
List property:

Value:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

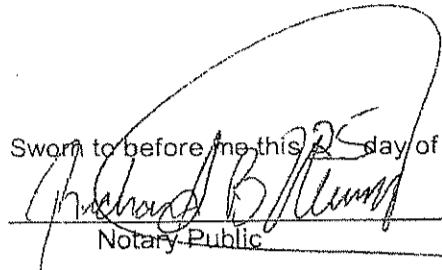
- 4) I have no savings, property, assets or income other than as listed above.

5) I am unable to pay the filing fee necessary to prosecute this proceeding.  
6) No other person who is able to pay the filing fee has a beneficial interest in the result of this proceeding.  
7) The facts of my case are described in my claim and other papers filed with the court.  
8) I have made no other request for this relief in this case.

  
(signature)

RICHARD B. MINOR  
Notary Public, State of New York  
Reg. No. 04M16147382  
Qualified in New York County  
Commission Expires June 5, 2014

Sworn to before me this 25 day of Feb, 2013

  
Richard B. Minor  
Notary Public

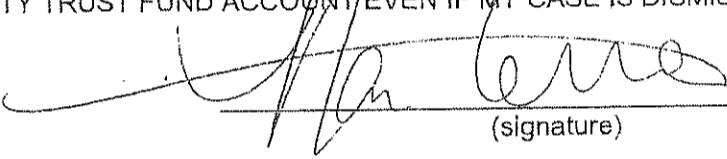
**AUTHORIZATION**

I, \_\_\_\_\_, inmate number \_\_\_\_\_, request and authorize the agency holding me in custody to send to the Clerk of the Court of Claims certified copies of the correctional facility trust fund account statement (or the institutional equivalent) for the past six months.

I further request and authorize the agency holding me in custody to deduct the filing fee from my correctional facility trust fund account (or the institutional equivalent) and to disburse those amounts as instructed by the Court of Claims.

This authorization is given in connection with this claim and shall apply to any agency into whose custody I may be transferred.

I UNDERSTAND THAT THE ENTIRE FILING FEE AS DETERMINED BY THE COURT OF CLAIMS WILL BE PAID IN INSTALLMENTS BY AUTOMATIC DEDUCTIONS FROM MY CORRECTIONAL FACILITY TRUST FUND ACCOUNT EVEN IF MY CASE IS DISMISSED.

  
(signature)





New York City Comptroller  
John C. Liu

Office of the New York City Comptroller  
1 Centre Street  
New York, NY 10004

The time and place where the claim arose

\*Date of Incident: 1/17/2013 Format: MM/DD/YYYY  
Time of Incident: Between 10:00 AM - 11:00 AM Format: HH:MM AM/PM

\*Location of Incident:

111 Centre St.  
Housing Court

Address:  
Address 2:  
City:  
State:  
Borough:

\*Manner in which claim arose:

Attach extra sheet(s) if more room is needed.

I was a witness to one of my working group member housing Court hearing; I was late for Court, when I arrived I waited in line to be called; when got there the office by the name of Brando Foa according to what her supervisor told me her name is, Brando Foa got at the table I told her I have no part that's have a metal building belt on her she told me you have to take your part off "I look at her like she's crazy. I put my belt down on the table, then I walk thru the metal detector machine, ring Brando me and went to get down hand searched me since she had told me she will ignore her and told her I don't want to be touch. She then told me to unbutton my coat and jacket I did when she push me in my stomach I pushed her hand off her as I pointed to you can used that black thing that yeah used to be but I don't want to be touch she then grab my shirt to tell me to unbutton my shirt, I did when she hold the shirt in one side push it up exposed my chest when she did that I started raise up my voice, I was been broke my constant was talking curly from Neal that size when out of nowhere those two men walked and saw me pretty upset and one of them both was has Anthony Schiavone being her boss came and told me to follow him and start cursing I told him you're mother just disrespectful by touching me then he told me well gives in the corner I have everything told him you're a liar that her boss start talking form in a very (ISIDCPED) manner like I was 9 or 10 year old told him stop talking to me like I'm an idiot then he told me to file Court if I don't or return back to the Court I would be arrested there. Hum, I was abused verbally and threat by both I.D.C. a boss. I left called 311 and 311 came by file for the Inspector general E.T. called and left took to the office in the Bronx. I'm not of work.

The items of damage or injuries claimed are (include dollar amounts):

Attach extra sheet(s) if more room is needed.



New York City Comptroller  
John C. Liu

Office of the New York City Comptroller  
1 Centre St  
New York, NY 10004

**Medical Information**

1st Treatment Date:

1/17/2013 Format: MM/DD/YYYY

Hospital/Name:

~~NYC Health + Hospitals~~  
~~Lincklaen Hospital~~  
~~Emergency Room~~

Address:

Address 2:

City:

State:

Zip Code:

Date Treated in  
Emergency Room:

Format: MM/DD/YYYY

Yes  No  NA

Was claimant taken to hospital by an ambulance?

**Employment Information (If claiming lost wages)**

Employer's Name:

~~NYC Health + Hospitals~~  
~~Lincklaen Hospital~~

Address:

Address 2:

City:

State:

Zip Code:

Work Days Lost:

Amount Earned

Weekly:

**Treating Physician Information**

Last Name:

~~WHA~~

First Name:

Address:

Address 2:

City:

State:

Zip Code:

Atta  
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a/f  
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R/L  
\*Den

Page



New York City Comptroller  
John C. Liu

1 Centre  
New York, NY

**Witness 1 Information**

Last Name:

First Name:

Address

Address 2:

City:

State:

Zip Code:

**Witness 2 Information**

Last Name:

First Name:

Address

Address 2:

City:

State:

Zip Code:

**Witness 3 Information**

Last Name:

First Name:

Address

Address 2:

City:

State:

Zip Code:

**Witness 4 Information**

Last Name:

First Name:

Address

Address 2:

City:

State:

Zip Code:

**Witness 5 Information**

Last Name:

First Name:

Address

Address 2:

City:

State:

Zip Code:

**Witness 6 Information**

Last Name:

First Name:

Address

Address 2:

City:

State:

Zip Code:

\* Denotes required field(s).

Page



State of New York  
Court of Claims

DIN No. \_\_\_\_\_, Claimant,

*Marlene*  
v.

Affidavit in Support of Application  
Pursuant to CPLR 1101 (f)

Claim No.

The State of New York, Police Officer @ 111 Centre St NY  
The Court Police Officer @ 111 Centre St NY  
Officer Marlene B. Hernandez, Defendant  
Officer Marlene B. Hernandez, her supervisor

State of New York      )  
County of NYC      ) ss:

I, Marlene, being duly sworn, hereby declare as follows:

- 1) I am the claimant in this proceeding, I am an inmate in a federal, state or local correctional facility (state place of incarceration: \_\_\_\_\_), and I submit this affidavit to support my application for a reduction of the filing fee.
- 2) I currently receive income from the following sources, not including correctional facility wages:  
\_\_\_\_\_  
\_\_\_\_\_

- 3) I own the following valuable property (other than miscellaneous personal property):

NONE

List property:

Value:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

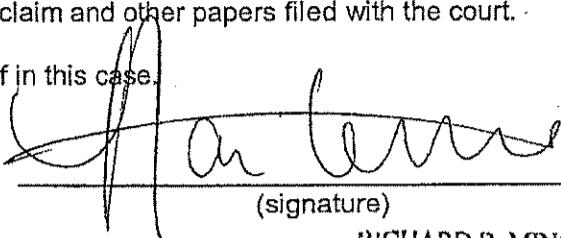
- 4) I have no savings, property, assets or income other than as listed above.

5) I am unable to pay the filing fee necessary to prosecute this proceeding.

6) No other person who is able to pay the filing fee has a beneficial interest in the result of this proceeding.

7) The facts of my case are described in my claim and other papers filed with the court.

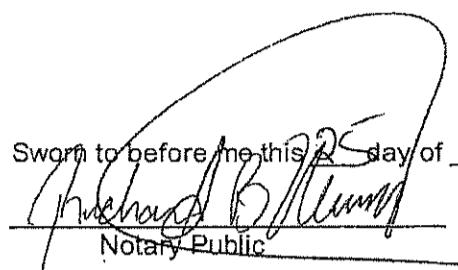
8) I have made no other request for this relief in this case.

  
(signature)

RICHARD B. MINOR  
Notary Public, State of New York  
Reg. No. 04MI6147382  
Qualified in New York County  
Commission Expires June 5, 2014

Sworn to before me this 25 day of

Feb. 2013

  
Richard B. Minor  
Notary Public

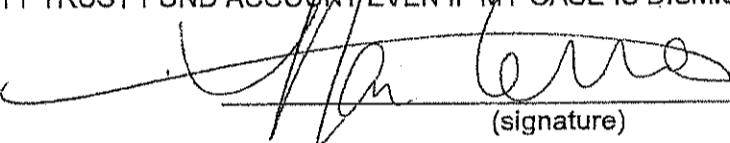
#### AUTHORIZATION

I, \_\_\_\_\_, inmate number \_\_\_\_\_, request and authorize the agency holding me in custody to send to the Clerk of the Court of Claims certified copies of the correctional facility trust fund account statement (or the institutional equivalent) for the past six months.

I further request and authorize the agency holding me in custody to deduct the filing fee from my correctional facility trust fund account (or the institutional equivalent) and to disburse those amounts as instructed by the Court of Claims.

This authorization is given in connection with this claim and shall apply to any agency into whose custody I may be transferred.

I UNDERSTAND THAT THE ENTIRE FILING FEE AS DETERMINED BY THE COURT OF CLAIMS WILL BE PAID IN INSTALLMENTS BY AUTOMATIC DEDUCTIONS FROM MY CORRECTIONAL FACILITY TRUST FUND ACCOUNT EVEN IF MY CASE IS DISMISSED.

  
(signature)

State of New York  
Court of Claims

Nan Ferrie

Claimant(s)

Affidavit of Service

The Court Police Office  
Officer Name: Brandi F. D. v. Nan Ferrie  
Defendant(s) ~~for Supervisor~~ Assigned Judge: ~~IT Center S~~

State of New York  
County of New York ss:

Nan Ferrie

being duly sworn, deposes and says:

I am over the age of eighteen (18) years, and on 20 I served a true copy of the attached Nan Ferrie in the following manner:

(For a Claim): Claim form against Police office

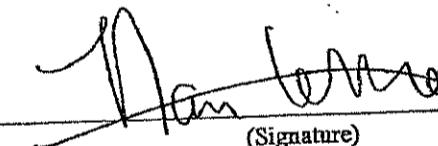
by mailing it in a sealed envelope, certified mail, return receipt requested, with postage prepaid, in a post office or official depository of the United States Postal Service within the State of New York, addressed to the last known address of the addressee as follows:

OR

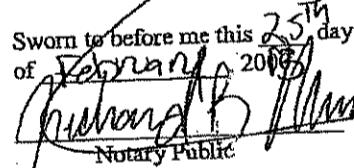
by delivering it to the following person(s) at the address(es) indicated below:

(For a Notice of Motion and Supporting Papers):

by mailing them in a sealed envelope, with postage prepaid, in a post office or official depository of the United States Postal Service within the State of New York, addressed to the last known address of the addressee as follows:



(Signature)

Sworn to before me this 25<sup>th</sup> day  
of February, 2007  
  
Notary Public

RICHARD B. MINOR  
Notary Public, State of New York  
Reg. No. 04M16147382  
Qualified in New York County

State of New York  
Court of Claims

Nan Ferrie Claimant(s)  
The Court Police Office Affidavit of Service  
Officer Name Brando I.D. # Claim No. IT Central S  
Officer Name Supervisor Assigned Judge:

State of New York  
County of NYC) ss:

Nan Ferrie being duly sworn, deposes and says:

I am over the age of eighteen (18) years, and on 20, I served a true copy of the  
attached Nan + in the following manner:

(For a Claim): Claim form against Police office

by mailing it in a sealed envelope, certified mail, return receipt requested, with postage prepaid, in a post  
office or official depository of the United States Postal Service within the State of New York, addressed to  
the last known address of the addressee as follows:

OR

by delivering it to the following person(s) at the address(es) indicated below:

(For a Notice of Motion and Supporting Papers):

by mailing them in a sealed envelope, with postage prepaid, in a post office or official depository of the  
United States Postal Service within the State of New York, addressed to the last known address of the  
addressee as follows:

Sworn to before me this 25<sup>th</sup> day  
of December, 2008  
Richard B. Minor  
Notary Public

RICHARD B. MINOR  
Notary Public, State of New York  
Reg. No. 04M16147382  
Qualified in New York County

Nan Ferrie  
(Signature)

5. Identify the items of damage or injuries claimed to have been sustained:

---

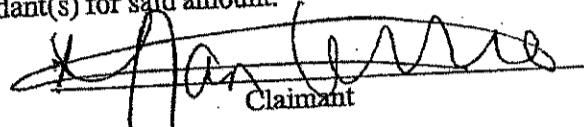
---

---

6. (Check appropriate box):

This Claim is served and filed within 90 days of accrual.  
OR  
 A Notice of Intention to File a Claim was served on \_\_\_\_\_ which  
was within 90 days of accrual.  
OR  
 This is a claim by a correctional facility inmate to recover damages for injury to or loss of  
personal property and it is served and filed within 120 days of the exhaustion of  
claimant's administrative remedies.

By reason of the foregoing, Claimant was damaged in the amount of \$ \_\_\_\_\_, and  
Claimant demands judgment against the Defendant(s) for said amount.

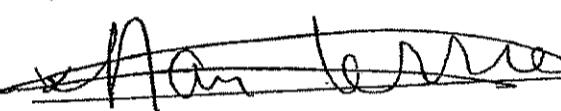


Claimant

VERIFICATION

STATE OF NEW YORK ) ss:  
COUNTY OF NY

Jan Terrie being duly sworn, deposes and says that deponent is  
the Claimant in the within action; that deponent has read the foregoing Claim and knows the  
contents thereof; that the same is true to deponent's own knowledge, except as to matters therein  
stated to be alleged upon information and belief, and that as to those matters, deponent believes it  
to be true.



Sworn to before me this 5 day  
of November, 2013.  
Delores Green  
Notary Public, State of New York

DELORES GREEN  
Notary Public, State of New York  
No. 31-4527811  
Qualified in New York County  
Commission Expires 04/30/2014

SERVICE AND FILING INSTRUCTIONS

You must serve a copy of the claim in accordance with Court of Claims Act section 11(a) and you must file  
the original and two copies, with proof of service, and the filing fee of \$50.00 or an application for waiver or reduction  
of the filing fee, with the Clerk of the Court of Claims.

FAILURE TO EFFECT PROPER AND TIMELY SERVICE AND FILING MAY RESULT IN DISMISSAL OF  
YOUR CLAIM

New York State Court of Claims  
Justice Building, P.O. Box 7344  
Albany, New York 12224  
(518) 432-3411

This form is unofficial and provided primarily for pro se litigants. It should be completed in accordance with the substantive pleading requirements of Court of Claims Act section 11(b).

State of New York  
Court of Claims

*Nor ferrie*

Claimant(s)

*The court Police officer @ 111 Centre st my  
officer one Brendon D. a her  
Supervisor.*

Claim

Defendant(s)

1. The post office address of the claimant (you) is *2759 Webster, Bronx, NY 10458*

2. This claim arises from the acts or omissions of the defendant. Details of said acts or omissions are as follows (be specific):

*Please read attached  
Please read attached*

3. The place where the act(s) took place is (be specific):

4. This claim accrued on the 17 day of January, 2013 at 11:45 <sup>AM</sup> o'clock 10th.

5. Identify the items of damage or injuries claimed to have been sustained:

---

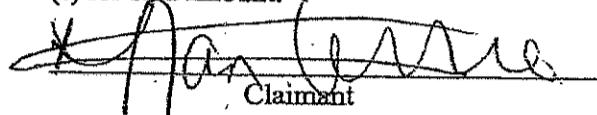
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6. (Check appropriate box):

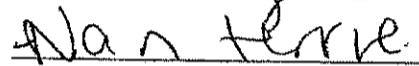
This Claim is served and filed within **90 days of accrual**.  
OR  
 A Notice of Intention to File a Claim was served on \_\_\_\_\_, which was within 90 days of accrual.  
OR  
 This is a claim by a correctional facility inmate to recover damages for injury to or loss of personal property and it is served and filed within **120 days of the exhaustion of claimant's administrative remedies**.

By reason of the foregoing, Claimant was damaged in the amount of \$ \_\_\_\_\_, and Claimant demands judgment against the Defendant(s) for said amount.

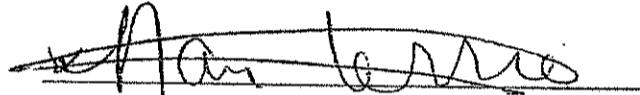
  
Claimant

VERIFICATION

STATE OF NEW YORK ) ss:  
COUNTY OF NY)

  
John Terre, being duly sworn, deposes and says that deponent is the Claimant in the within action; that deponent has read the foregoing Claim and knows the contents thereof; that the same is true to deponent's own knowledge, except as to matters therein stated to be alleged upon information and belief, and that as to those matters, deponent believes it to be true.

Sworn to before me this \_\_\_\_\_ day  
of \_\_\_\_\_,



Notary Public, State of New York

SERVICE AND FILING INSTRUCTIONS

You must serve a copy of the claim in accordance with Court of Claims Act section 11(a) and you must file the original and two copies, with proof of service, and the filing fee of \$50.00 or an application for waiver or reduction of the filing fee, with the Clerk of the Court of Claims.

FAILURE TO EFFECT PROPER AND TIMELY SERVICE AND FILING MAY RESULT IN DISMISSAL OF YOUR CLAIM

New York State Court of Claims  
Justice Building, P.O. Box 7344  
Albany, New York 12224  
(518) 432-3411

State of New York  
Court of Claims

Nan Ferrie Claimant(s)  
v.  
The Court Police Officer Affidavit of Service  
Officer John Brando I.D. # Claim No.  
Assigned Judge: III Central S/F Defendant(s)

State of New York  
County of NYC )ss:

Nan Ferrie Being duly sworn, deposes and says:

I am over the age of eighteen (18) years, and on 20, 2013, I served a true copy of the attached Nan Ferrie in the following manner:

(For a Claim):

Claim form against Police office

by mailing it in a sealed envelope, certified mail, return receipt requested, with postage prepaid, in a post office or official depository of the United States Postal Service within the State of New York, addressed to the last known address of the addressee as follows:

OR  
by delivering it to the following person(s) at the address(es) indicated below:

(For a Notice of Motion and Supporting Papers):

by mailing them in a sealed envelope, with postage prepaid, in a post office or official depository of the United States Postal Service within the State of New York, addressed to the last known address of the addressee as follows:

Sworn to before me this 25<sup>th</sup> day  
of February, 2013  
Richard B. Minor  
Notary Public

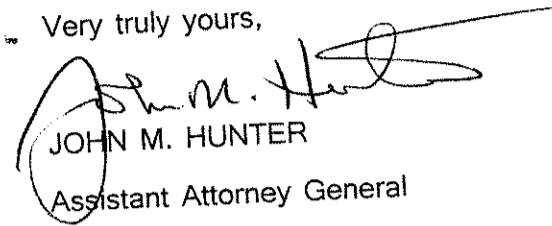
RICHARD B. MINOR  
Notary Public, State of New York  
Reg. No. 0-IMI6147382  
Qualified in New York County  
Commission Expires June 6, 2014

Nan Ferrie  
(Signature)

executed original transcript within sixty (60) days will permit its use for all purposes as though signed. This office will accept no corrections, additions or deletions to the testimony contained in the enclosed transcript after the expiration of the sixty (60) day period demanded herein without an order of the court directing same.

Thank you for your courtesy and cooperation in this matter.

Very truly yours,



JOHN M. HUNTER  
Assistant Attorney General

JMH:mj

Enclosure

<b>WESTERN UNION MONEY ORDER</b>		THE DOCUMENT CONTAINS A TRUE WATERMARK - HOLD UP TO LIGHT TO VIEW	
		WESTERN UNION FINANCIAL SERVICES INC. ISSUER	
		Established 1851 - Denver, CO - Grand Junction, CO - Mesa, CO - Phoenix, AZ - Tucson, AZ - El Paso, TX - San Antonio, TX - Dallas, TX - Fort Worth, TX - Oklahoma City, OK - Tulsa, OK - Kansas City, MO - Wichita, KS - Denver, CO - Englewood, Colorado	
		Post Office, West Peppi, Bank Grand Junction - Denver, CO - Grand Junction, CO - Mesa, CO - Phoenix, AZ - Tucson, AZ - El Paso, TX - San Antonio, TX - Dallas, TX - Fort Worth, TX - Oklahoma City, OK - Tulsa, OK - Kansas City, MO - Wichita, KS - Denver, CO - Englewood, Colorado	
		14-650100574	
		A 171983 D 030113 1153601 146501005748 L 000000	\$ 50.00
<p>PAY EXACTLY FIFTY DOLLARS AND NO CENTS PAY TO THE ORDER OF <i>John M. Shatto/Chad A. Clemons</i> <i>2439 W. 31st Street, Suite 104, Englewood, CO 80210</i></p>			
<p>PAYMENT FOR ACCT. #</p>			
<p>1021004006 40146501005748</p>			

5. Identify the items of damage or injuries claimed to have been sustained:

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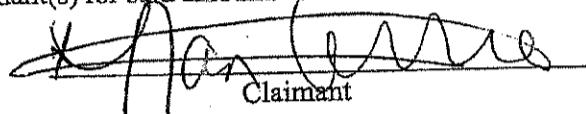
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6. (Check appropriate box):

This Claim is served and filed within **90 days of accrual**.  
OR  
 A Notice of Intention to File a Claim was served on \_\_\_\_\_, which  
was within 90 days of accrual.  
OR  
 This is a claim by a correctional facility inmate to recover damages for injury to or loss of  
personal property and it is served and filed within **120 days of the exhaustion of**  
**claimant's administrative remedies**.

By reason of the foregoing, Claimant was damaged in the amount of \$ \_\_\_\_\_, and  
Claimant demands judgment against the Defendant(s) for said amount.

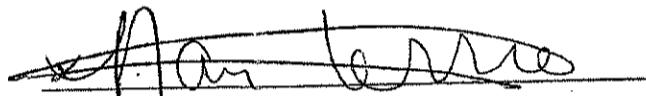


Claimant

VERIFICATION

STATE OF NEW YORK ) ss:  
COUNTY OF NY

Alan Terrie, being duly sworn, deposes and says that deponent is  
the Claimant in the within action; that deponent has read the foregoing Claim and knows the  
contents thereof; that the same is true to deponent's own knowledge, except as to matters therein  
stated to be alleged upon information and belief, and that as to those matters, deponent believes it  
to be true.



Sworn to before me this \_\_\_\_\_ day  
of \_\_\_\_\_, \_\_\_\_\_.

Notary Public, State of New York

SERVICE AND FILING INSTRUCTIONS

You must serve a copy of the claim in accordance with Court of Claims Act section 11(a) and you must file  
the original and two copies, with proof of service, and the filing fee of \$50.00 or an application for waiver or reduction  
of the filing fee, with the Clerk of the Court of Claims.

**FAILURE TO EFFECT PROPER AND TIMELY SERVICE AND FILING MAY RESULT IN DISMISSAL OF  
YOUR CLAIM**

New York State Court of Claims  
Justice Building, P.O. Box 7344  
Albany, New York 12224  
(518) 432-3411

State of New York  
Court of Claims

Nan Ferrie Claimant(s)  
v.  
The Court Police Officer, Claim No. IT  
Officer Name: Brando F.D. in her Superior, Assigned Judge:  
Defendant(s)

State of New York  
County of New York) ss:

Nan Ferrie Being duly sworn, deposes and says:

I am over the age of eighteen (18) years, and on 20, I served a true copy of the  
attached Nan Ferrie in the following manner:

(For a Claim): Claim form against Police officer

by mailing it in a sealed envelope, certified mail, return receipt requested, with postage prepaid, in a post  
office or official depository of the United States Postal Service within the State of New York, addressed to  
the last known address of the addressee as follows:

OR

by delivering it to the following person(s) at the address(es) indicated below:

(For a Notice of Motion and Supporting Papers):

by mailing them in a sealed envelope, with postage prepaid, in a post office or official depository of the  
United States Postal Service within the State of New York, addressed to the last known address of the  
addressee as follows:

Nan Ferrie  
(Signature)

Sworn to before me this 25<sup>th</sup> day  
of February, 2007  
RICHARD B. MINOR  
Notary Public

RICHARD B. MINOR  
Notary Public, State of New York  
Reg. No. 04M16147382  
Qualified in New York County  
Commission Expires June 9, 2014



New York City Comptroller  
John C. Liu

Office of the New York City Comptroller  
1 Centre Street

New York, NY 10007

Form Version: NYC-COMPT-BLA-PI1-M

## Personal Injury Claim Form

Claim must be filed *in person or by registered or certified mail* within 90 days of the occurrence at the NYC Comptroller's Office, 1 Centre Street, Room 1225, New York, New York 10007. It must be *notarized*. If claim is not resolved within 1 year and 90 days of the occurrence, you must start legal action to preserve your rights.

TYPE OR PRINT

I am filing:  On behalf of myself.

On behalf of someone else. If on someone else's behalf, please provide the following information.

Last Name:

TEIRILO

First Name:

AN

Relationship to the claimant:

Self Walking Group  
members

Attorney is filing.

Attorney Information (If claimant is represented by attorney)

Firm or Last Name:

Firm or First Name:

Address:

Address 2:

City:

State:

Zip Code:

10007

Tax ID:

Phone #:

Email Address:

### Claimant Information

\*Last Name:

TEIRILO

\*First Name:

AN

Address:

2759 Webster Av

Address 2:

Bronx

City:

NYC

State:

NY

Zip Code:

10458

Country:

USA

Date of Birth:

4/18/1993

Format: MM/DD/YYYY

Soc. Sec. #:

SP1080718

HICN:  
(Medicare #):

Date of Death:

7/01/1984-1993

Format: MM/DD/YYYY

Phone:

(701) 4984-1993

Email Address:

TPeagulana@yahoo.com

Occupation:

Student

City Employee?  Yes  No  NA

Gender

Male  Female  Other

not court business

### City Agency(s) Involved

City Agency Involved 1:

City Agency Involved 2:

City Agency Involved 3:

2013 JUN 18 PM 4:05  
DEPARTMENT OF  
THE CITY OF NEW YORK  
SIR RICHARD H. DOLAN  
SIR RICHARD H. DOLAN

I, Nan Brune, Suing the Court Police Office  
at 111 Centre St, NYC, for Violations of  
my Constitutional Rights this Morning 1/17/10,  
between 10AM - 11:45AM was violate

\* Denotes required field(s).

Page 1 of 5



3)  Substituted By delivering a true copy of each to [Identify person served]  [Fill out description of person below] a Service person of suitable age and discretion, at the actual place of business, dwelling house, or usual place of abode in the state, and mailing, as indicated below.

Mailing I also enclosed a copy of the above papers in a postpaid, sealed envelope properly addressed to defendant's last known residence or actual place of business, located at [address] and I deposited the envelope in a post office depository under the exclusive care and custody of the United States Postal Service within New York State.

Description The individual I served had the following characteristics: [Check one box in each category]:

Use with 1, 2, or 3

<u>Sex</u>	<u>Height</u>	<u>Weight</u>	<u>Age</u>
<input type="checkbox"/> Male	<input type="checkbox"/> Under 5"	<input type="checkbox"/> Under 100 lbs.	<input type="checkbox"/> 21 - 34 years
<input checked="" type="checkbox"/> Female	<input type="checkbox"/> 5'0" - 5'3"	<input checked="" type="checkbox"/> 100 - 130 lbs.	<input type="checkbox"/> 35 - 50 years
	<input type="checkbox"/> 5'4" - 5'8"	<input type="checkbox"/> 131 - 160 lbs.	<input type="checkbox"/> 51 - 61 years
	<input type="checkbox"/> 5'9" - 6'0"	<input type="checkbox"/> 161 - 200 lbs.	<input type="checkbox"/> Over 61 yrs.
	<input type="checkbox"/> Over 6'	<input type="checkbox"/> Over 200 lbs.	

Color of skin [describe]: Brown

Color of hair [describe]: Golden Brown

Other identifying features, if any [describe]: It's me, my self and I

Military I asked the person to whom I spoke whether the defendant was in the military of the United Service States or New York State in any capacity and was told that he/she was not. Defendant did not wear a military uniform. I state upon information and belief that the defendant is not in the military service of the United States or New York State. The basis for my belief is the conversation(s) and observation(s) described above.

I sworn to before me this day of January, 20014

[sign your name before a Notary]

Notary Public

[print your name]

Notice, a Notice of Petition and Verified Petition, an Order to Show Cause and Verified Petition or Subpoena. Print to fill in the spaces next to the instructions.

SUPREME COURT OF THE STATE OF NEW YORK  
COUNTY OF NEW YORK

Nan Terrie

Index Number

[fill in names(s)]

Plaintiff(s)/Petitioner(s)

Landlord & Tenant Court

against

Police Officer @ 11 Centro St. Apt. No Brando ID# her Sup

[fill in names(s)]

Defendant(s)/Respondent(s)

STATE OF NEW YORK

COUNTY OF NYC

ss:

1. Nan Terrie

AFFIDAVIT OF SERVICE  
of INITIATING PAPERS

[name of person who served papers],

being duly sworn, depose and say:

I am over 18 years of age and am not a party to this case.

I reside at [your address] 2759 Webster Av & 169 Bronx NYC 10461

On Feb 27, 20013 [date of service], at 3:15 AM/PM [time of day], I served the attached papers [identify papers served] I personally delivered those attached papers to the State attorney general in harlem at 163 W. 125st Suite 163 W. 125st Suite 1394 NYC 10027. State attorney general on the defendant in this case. The address of the place where the papers were served is [location where papers served] 163 W. 125st Suite 1394 NYC 10027. State attorney general

I served the papers in the manner indicated below: [check box that applies]: in harlem

1)  Individual

By delivering a true copy of each to the defendant personally. I knew the person served to be the person named in those papers because [How did you know defendant?]

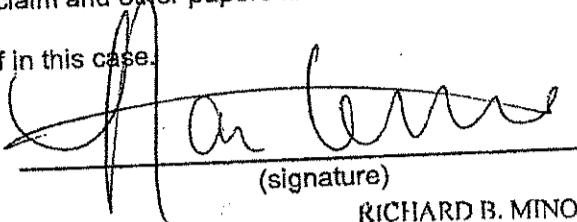
[Fill out description of defendant on page 2].

2)  Corporation

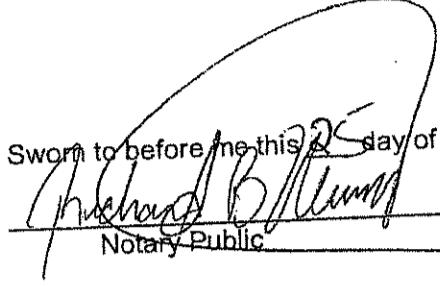
[name of business], a domestic corporation, by delivering a true copy of each to [Identify person served] [Fill out description of person on page 2], who is [Identify his/her job title]

[Fill out description of corporation on page 2]. I knew the corporation to be that listed in the papers served and I knew the title of person named above and that he/she was authorized to accept service.

5) I am unable to pay the filing fee necessary to prosecute this proceeding.  
6) No other person who is able to pay the filing fee has a beneficial interest in the result of this proceeding.  
7) The facts of my case are described in my claim and other papers filed with the court.  
8) I have made no other request for this relief in this case.

  
(signature)

RICHARD B. MINOR  
Notary Public, State of New York  
Reg. No. 04M16147382  
Qualified in New York County  
Commission Expires June 5, 2014

Sworn to before me this 25 day of Feb. 2013  
  
Richard B. Minor  
Notary Public

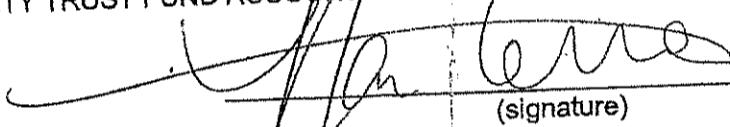
**AUTHORIZATION**

I, \_\_\_\_\_, inmate number \_\_\_\_\_, request and authorize the agency holding me in custody to send to the Clerk of the Court of Claims certified copies of the correctional facility trust fund account statement (or the institutional equivalent) for the past six months.

I further request and authorize the agency holding me in custody to deduct the filing fee from my correctional facility trust fund account (or the institutional equivalent) and to disburse those amounts as instructed by the Court of Claims.

This authorization is given in connection with this claim and shall apply to any agency into whose custody I may be transferred.

I UNDERSTAND THAT THE ENTIRE FILING FEE AS DETERMINED BY THE COURT OF CLAIMS WILL BE PAID IN INSTALLMENTS BY AUTOMATIC DEDUCTIONS FROM MY CORRECTIONAL FACILITY TRUST FUND ACCOUNT EVEN IF MY CASE IS DISMISSED.

  
(signature)

State of New York  
Court of Claims

DIN No. \_\_\_\_\_, Claimant,

Van Ferne'

Affidavit in Support of Application  
Pursuant to CPLR 1101 (f)

Claim No.

The State of New York, The Court Police Officer @ 111 Centre St NY  
Officer Name Brandon M. Diaz her supervisor  
County of NYC )  
Defendant:

State of New York )  
County of NYC ) ss:

I, Van Ferne', being duly sworn, hereby declare as follows:

- 1) I am the claimant in this proceeding, I am an inmate in a federal, state or local correctional facility (state place of incarceration: \_\_\_\_\_), and I submit this affidavit to support my application for a reduction of the filing fee.
- 2) I currently receive income from the following sources, not including correctional facility wages:  
\_\_\_\_\_  
\_\_\_\_\_

- 3) I own the following valuable property (other than miscellaneous personal property):

NONE

List property:

Value:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 4) I have no savings, property, assets or income other than as listed above.

Since IDA Brando refused to Oppose/Observe for the way  
 She treated me today at 111 Centre St NYC I am  
 asking for this Court to granted me \$50 Millions  
 Dollars that i had requested from Court 1  
 claim on March 17, 2013 trial at 10 AM.

i want peace i realize IDA Brando will not  
 do right by herself, the Court the Company that  
 hire her, the Systems she works for, i am  
 force to do right by me. i was suffering tort  
 assault Human rights, Aboriginal Long Constitutional  
 treaties and so forth Justice as same as i stated  
 in this page 1 also in the Court of Queen's Court  
 i want Justice and since IDA Brando refused  
 to do right, i am asking this Federal Court to  
 grant me damages, if federal Court refused  
 i will then take this case to the United  
 Nation Court and the International Court i  
 deserve Justice \$50 Millions its nothing to  
 me for what that Policy Enforce IDA Brando  
 did to me on January 17, 2013. The \$50 Millions  
 that as i stated on record today earlier  
 during March 17, 2014 trial it will be split  
 50 - 50: 50 will goes to breast cancer association  
 50 will goes to the Breast Cancer Association  
 that spend every second of the day's Changelines  
 and many lives that that's ~~if~~ can help lives  
 and save lives in return i can find peace  
 within me many i was violate but through that  
 others that's in need & lives are being saves

②

that's my wish for what i  
 suffered and continue too that's but an ask  
 me just 6.

Dear, Judge.  
on January 17, 2013. between 10 AM - 11:45 AM.  
i was ~~attacked~~ Humiliate, Violate, Assault by a Court  
Housing Court policy enforcer IDA Brando at 111 Centre  
St NYC. March 17, 2014 i went to Court even though  
I won my case & the Judge Opposited for IDA Brando  
who refused to admitted her wrong - Her Honor  
Behavior what she done to me on March, 17, 2013. indeed  
i am sick and tired as an Aboriginal in session  
being Violate over and over again inside my own Ancestor  
Land as an Aboriginal Indigenous by this Europeans  
Systems & their Descendants, I chose to  
bring this case now to Federal Court because  
as a bloodline Jus Soli & Jus Sanguinis individual  
with all Lawful rights to be here inside my Ancestors  
lands and OCCUPIED it whenever this Systems Violate  
the Lawful-Rightful Jus Soli and Jus sanguinis  
Please this Europeans Systems Must Pay the penalties  
for his Corporation Europeans citizens workers. Today  
i won a war at ~~the~~ Court of Claim Court yet i  
lost a war because my health is not complete. nothing  
can stop that Honesty-Horrible by ~~January 17, 2013~~  
every ~~of~~ January 17, 2013 i was Abused, Violate,  
Me knowing in January 17, 2013 i was Abused, Violate,  
and Assault yet the policy enforcer citizenship  
water IDA Brando Refused to admit any wrong  
this case is not about facts at all this case  
its about my Lawful rights was Violate at 111 Centre  
St My By policy enforcer IDA Brando, I am asking  
and pleading for Federal Court Due right for once  
and bring true place and justice i have to live  
without that for the rest of my life. ①